

Application for an Occupational Tax Certificate License

You must complete all forms attached for an occupational tax certificate license to be issued.

In this packet you will find two affidavits. These affidavits are in reference to immigration laws. We, the City of St. Marys, are required by law to collect these affidavits prior to issuance of your license.

If on the US Citizenship Verification affidavit you choose #2 (I am a legal permanent resident of the United States), or #3 (I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency) you will need to provide to us a copy of documentation and another form of ID such as a driver's license. Attached you will find a listing of secure and verifiable documents that are acceptable.

Your application will need to be completed and returned no later than Tuesday 1:00pm. Review of application will be on Wednesday at 8:30am. Once approved you may come in and pay the fee and your license will be issued at that time.

Cost of license: \$33.00* per employee + \$75.00 administrative fee
*Fee prorated to \$16.50 beginning July 1

License is issued per calendar year, January - December

Acceptable payment: check, money order, cash, debit or credit card
(I apologize but we do not accept Discover Credit Card).

Please call 912-510-4032 or email should you have any questions.

Darlene Ellis

darlene.ellis@stmarysga.gov

City of St. Marys

Planning/Building/Cemetery Department

US Citizenship Verification Affidavit O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant to an Occupational Tax License (type of public benefit), as reference in O.C.G.A. § 50-36-1, City of St. Marys (name of government entity), the undersigned applicant verifies one of the following with respect to my application for a public benefit: (place a check mark by one only)

1. _____ I am a United States Citizen
2. _____ I am a legal permanent resident of the United States
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided a copy of at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON
THIS _____ DAY OF _____, 201____.

Notary Public Signature
My Commission Expires:

Secure and Verifiable Documents Under O.C.G.A. Section 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. Section 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. Section 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A United States military identification card [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable identification of the bearer [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A passport issued by a foreign government [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. Section 50-36-2(b)(3); 22 CFR Section 41.2]
- A NEXUS card [O.C.G.A. Section 50-36-2(b)(3); 22 CFR Section 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. Section 50-36-2(b)(3); 22 CFR Section 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. Section 50-36-2(b)(3); 6 CFR Section 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. Section 50-36-2(b)(3); 6 CFR Section 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. Section 50-36-2(c)]

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an application for an Occupational Tax Registration Certificate (business license, occupational tax certificate, or other document required to operate a business) as referenced in O.C.G.A. § 36-60-6(d), from the _____ (printed name of employer) verifies one of the following by placing a check mark with respect to my application for the above mentioned document.

As of the below date I verify the following:

- (a) ____ The individual, firm, or corporation employed less than ten (10) employees
- (b) ____ The individual, firm, or corporation employed ten (10) or more employees
- (c) ____ The individual, firm, or corporation employed less than one hundred (100) employees
- (d) ____ The individual, firm, or corporation employed one hundred (100) or more employees
- (e) ____ The individual, firm, or corporation employed less than five hundred (500) employees
- (f) ____ The individual, firm, or corporation employed five hundred (500) or more employees
- Effective January 1, 2012 you were required by law if you employed 500 or more employees to sign up for E-Verify.
- Effective July 1, 2012 you were required by law if you employed more than 100 employees to sign up for E-Verify.
- Effective July 1, 2013 you will be required by law to sign up for E-Verify if you employee more than 10 employees. If you employee 10 or less employees you are not required to sign up for E-Verify but you MUST complete this affidavit.

If you placed a check mark above by (d), (e), or (f) you MUST provide below your "federal work authorization program" issued ID number and the date it was authorized. Please note this is NOT the same number as your federal employee identification number (FEI). By submission of this affidavit the employer is stating registration and utilization of the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ____ day of _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE ____ DAY OF _____, 20____

Notary Public Signature/Commission Expires:



CITY OF ST. MARYS, GEORGIA
OCCUPATIONAL TAX REGISTRATION FORM
Planning & Building Department
418 Osborne Street—(912) 510-4032

O₁

Please indicate the following information about your company of business. If you have more than one location in St. Marys, please complete a separate form for each location. If your company or business is incorporated, please furnish a copy of the incorporation papers as well as a list of the officers of your company.

1. Name of Business: _____
2. Business Street Address: _____
3. Mailing Address: _____ Email Address: _____
4. City/State/Zip Code: _____ 5. Business Phone: _____
6. Number of employees working 40 hours per week. _____
7. Part-time employees (Please see attached form to calculate part-time employees) _____
8. TOTAL NUMBER OF EMPLOYEES _____
(If this is an existing business, please indicate the number of employees per location in St. Marys. If your main office is outside St. Marys, please indicate the actual number of employees working in St. Marys. For new businesses, please estimate the total number of employees of the calendar year.)
9. Types of Businesses to be conducted: _____
10. Dominant Line of Business: _____
(Which business is responsible for greatest income.)

Please give the following information for the person who will be responsible for any business conducted in St. Marys. Electrical, plumbing or mechanical sub-contractors, please give information based on qualifying agent.
11. Name of Owner/Agent: _____ 12. Phone Number: _____
13. Home Address: _____
14. City/State/Zip Code: _____

The following numbers must be provided by those businesses, which are required by law to obtain them, or your local certificate cannot be issued or renewed.
15. Georgia Sales Tax ID: _____
16. Georgia License Type & Number: _____
Please attach proof of above items, which apply.

The following information is needed so we may have an alternate to contact in case of an emergency if the owner cannot be reached.
17. Name: _____ 18. Phone Number: _____
19. Address: _____

The undersigned hereby stipulates and states that all statements given in this occupational tax registration form are true and correct and made for the purpose of registering the above business or company with the City of St. Marys, Georgia for occupation tax assessment purposes. The applicant further states that any statement herein, given falsely may result in the revocation of the occupational tax registration certificate or refusal to grant such certificate as well as possible civil penalties. In apply for this certificate, applicant agrees to abide by current zoning ordinances and regulations.

APPLICANT HEREBY AGREES AND CONSENTS PURSUANT TO PUBLIC LAW 93-579 ON THE PRIVACY ACT OF 1974 THAT THE DISCLOSURE OF INFORMATION OBTAINED IN THIS APPLICATION MAY BE SUBMITTED TO ANY AGENCY OF THE CITY, STATE, COUNTY, AND FEDERAL GOVERNMENTS FOR THE PURPOSES OF OBTAINING THE NECESSARY INFORMATION TO PROCESS THE APPLICATION.

Signature of Owner/Agent/Qualifying Agent _____

Date: _____

Approved: _____ Date: _____



CITY OF ST. MARYS, GEORGIA

OCCUPATIONAL TAX REGISTRATION FORM

Planning & Zoning Department

418 Osborne Street—(912) 510-4032

O₂

COVENANTS OR DEED RESTRICTIONS

By the signature herein placed on this document, the Applicant for an Occupational Registration Tax (aka Business License) from the City of St. Marys certifies that the facts of this application are not in conflict with any covenants or deed restrictions for the address noted below.

Applicant further certifies that the City of St. Marys will be held harmless from any legal action regarding any covenant or deed restriction not disclosed as part of this application for an Occupational Registration Tax (aka Business License).

SIGN ORDINANCE

Applicant further verifies he/she has received a copy of the St. Marys Sign Ordinance, upon application for a local Occupational Tax Registration Certificate. I understand it is my responsibility to comply with the ordinance.

SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

DATE: _____, 20_____

NOTE: ALL APPLICANTS MUST COMPLETE THIS FORM REGARDLESS OF BUSINESS CLASSIFICATION.